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## BIB DATA SHEET

CONFIRMATION NO. 1667

| SERIAL NUMBER   | FILING or 371(c)<br>DATE   | CLASS  | GROUP ART UNIT                           | ATTORNEY DOCKET<br>NO.  |                                   |   |
|---|--|--|--|---|-----------------------------------|---|
| 10/642,510  | 08/18/2003<br>RULE   | 711  | 2625                                     | Q76995  |                                   |   |
| <b>APPLICANTS</b><br>Koichi Otsuki, Nagano-ken, JAPAN;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2002-241018 08/21/2002<br>JAPAN 2002-241019 08/21/2002<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>02/02/2004 |  |  |  |   |                                   |   |
| Foreign Priority claimed<br>35 USC 119(a-d) conditions met<br>Verified and<br>Acknowledged  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>/STEPHEN M<br>BRINICH/<br>Examiner's Signature | <input type="checkbox"/> Met after<br>Allowance<br>/SMB/<br>Initials | <b>STATE OR<br/>COUNTRY</b><br><br>JAPAN | <b>SHEETS<br/>DRAWINGS</b><br><br>15  | <b>TOTAL<br/>CLAIMS</b><br><br>23 | <b>INDEPENDENT<br/>CLAIMS</b><br><br>11 |
| <b>ADDRESS</b><br>SUGHRUE MION, PLLC<br>2100 PENNSYLVANIA AVENUE, N.W.<br>SUITE 800<br>WASHINGTON, DC 20037<br>UNITED STATES  |  |  |  |   |                                   |   |
| <b>TITLE</b><br>Recording apparatus, recording method, recording medium, computer-readable storage medium, and computer system  |  |  |  |   |                                   |   |
| <b>FILING FEE<br/>RECEIVED</b><br>1642  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:  |  |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit _____ |                                   |   |